

Notice: Use of this form is required by the Department of Natural Resources for any application filed pursuant to chs. NR 190,191,195 & 198, Wis. Adm. Code. Personal Information collected on this form, will be used for administrative purpose and may be provided to requesters to the extent required by Wisconsin's Open Records Laws [ss.19.31 – 19.39 Wis. Stats.]

[General application instructions for sections 1-7.](#)

Section 1: Application Type (check one)

Application Deadlines:

DECEMBER 10

Lake Management Planning Grant:

- ☐ Large Scale Planning ☐ Small Scale Planning

Lake Protection Grant:

- ☐ Lake Classification & Ordinance Development

Aquatic Invasive Species Grant:

- ☐ Education, Prevention & Planning
☐ Clean Boats Clean Water [Form 8700-337](#)

River Protection Grant:

- ☐ River Planning

FEBRUARY 1

Lake Protection Grant:

- ☐ Land/Easement Acquisition
☐ Wetland & Shoreline Habitat Restoration
☐ Lake Management Plan Implementation
☐ Healthy Lakes Project

Aquatic Invasive Species Grant:

- ☐ Established Population Control

Rivers Protection Grant:

- ☐ River Management
☐ Land/Easement Acquisition

YEAR-ROUND:

Aquatic Invasive Species Grants:

- ☐ Early Detection & Response ☐ Maintenance & Containment [Form 8700-323](#)

Section 2: Applicant Information

Project Title

Applicant Name (Organization)		Organization Type		
Authorized Representative Name		Title		
Address		City	State	ZIP Code
Phone Number (include area code)	Ext.	E-mail Address		
Contact Representative Name		Title		
Phone Number (include area code)	Ext.	E-mail Address		

Indicate if you have been approved as one of the following:

Qualified lake association, [Form 8700-226](#), nonprofit conservation organization or qualified nonprofit organization, [Form 8700-290](#), or river management organization, [Form 8700-287](#)? ☐ Yes ☐ No (If no, you must be approved prior to applying for a grant.)

Section 3: Project Information

Waterbody Name	Proposed Start Date (Start Date) (Year)	Proposed End Date (End Date) (Year)
Project Area (check one): <input type="radio"/> County-wide <input type="radio"/> Multi-county <input type="radio"/> Town-wide <input type="radio"/> Regional <input type="radio"/> Lake <input type="radio"/> River <input type="radio"/> Other (specify): _____	County(ies)	

Public Access: Is there public access to the waterbody of which the project is proposed? ☐ Yes ☐ No

If yes, attach a map showing public access points.

Does this project include Laboratory sample analysis? ☐ Yes ☐ No

Indicate lab service provider:

☐ State Lab of Hygiene

☐ Other Certified Lab:

Has the applicant had a pre-application grant scoping consultation with the Department? ☐ Yes ☐ No

State Assembly District number(s):

State Senate District number(s):

Minor Civil Division Name (city, village, town, etc. - ex. Holland, Town of)	Legal Description							
	Township (N)	Range	E or W	Section	Quarter	Quarter- Quarter	Latitude (North, 4 to 7 decimal places)	Longitude (West, 4 to 7 decimal places)
	N							
	N							

Section 4: Federal Nonpoint Source Program Funding Eligibility - For Lake Protection or River Protection Grants Only

Not applicable.

Section 5: Cost Estimate and Grant Request

List organization (school, town, county, nonprofit other management organization, etc.) other than the applicant that are providing financial support in the project. Identify the type of financial support (cash, volunteer hours, equipment, etc) and attach a copy of the organizations letter of financial commitment.

Organization Name	Type of Support	Amount of Support

Are there federal dollars in this project? ☐ Yes ☐ No

Project Budget						
Costs for Each Category	Project Costs					Subtotal
	Activity	Time (hr.)	Cash Cost	Time (hr.)	Donated Value	
Subtotals						
<input type="checkbox"/> Override Default State Share Percentage:	Alternative State Share %		Total Project Cost Estimate (Cash + Donated Value)			
					State Share Requested	

DRAFT

Section 6: Attachments (check all that are included)

A. For all applicants: (Refer to instructions for applicability.)

- ☐ 1. Authorizing resolution
- ☐ 2. Letters of commitment if the project is receiving donated or cash contribution
- ☐ 3. Map of project location, boundaries, and public access
- ☐ 4. For projects sending samples to the State Lab of Hygiene (SLOH) only; a completed SLOH projected cost form

B. For first time applications that are Lake Management Organizations (LMOs), River Management Organizations (RMOs)

- ☐ 1. Completed [Form 8700-226](#) (LMOs) or [8700-287](#) (RMOs)

C. For First time non-profit organizations or non-profit conservation organization

- ☐ 1. Copy of IRS 501(c)(3) determination of letter and copies of your Articles of incorporation and bylaws
- ☐ 2. A completed [Form 8700-290](#)

For projects that entail sending samples to the State Lab of Hygiene (SLOH) only; a completed SLOH projected cost form

D. For Land Acquisition

- ☐ 1. Completed [Form 1800-001](#), Environmental Hazard Assessment
- ☐ 2. Appraised
- ☐ 3. Title insurance

E. Design specifications, if applicable, for River Management or Lake Management Plan Implementation

Section 7: Certification

By submitting this application, I am requesting a variance from the DNR to ss. NR 190.05(4), NR 190.15(6), NR 191.05(1), NR 195.07(4), NR 198.23(1), NR 198.44(1), Wis. Adm. Code, as appropriate, to establish an application deadline of December 10 and February 1. The requested variance is in the interest of the applicant and DNR, and is essential to effect the necessary grant action and program objective of a uniform application deadline.

Name of Authorized Representative (<i>Type or Print</i>)	Title of Authorized Representative
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Signature of Authorized Representative	Date Signed
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DNR USE ONLY			
Application Type	Research/Demo Project <input type="radio"/> Yes <input type="radio"/> No	Waterbody ID	Project Priority Rank
Is the applicant a Green Tier Community Charter member? <div style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</div>	Is the project within a Green Tier Community? <div style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</div>		
AIS/Lake/River Coordinator Approval/Date	Environmental Grants Specialist Approval/Date		

Application Type: Lake Management Planning Grants – Large & Small Scale Planning

A. Project Area and Public Access/Use

B. Problem Statement

C. Project Description and Timeline Matrix

1. Goals/Objectives

1. a. Activity

Method and Data Collected

Deliverable/Outcomes

D. Role of Project in Planning/Management of Water Body

E. Existing and Proposed Partnership

F. Plan for Sharing Results

G. Other